## PATENT APPLICATION SEE DETERMINATION RECORD

Application or Docket Number

		Effec	tive OC40	10   024,601									
	-	CLAIMS A	S FILED (Column		(Column 2)			SMALL ENTITY		OR	OTHER THAN		
T	OTAL CLAIMS			* N. 1975		RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE \$	385	OR	BASIC FEE	3770	
TO	OTAL CHARGE	minus 20≃		*		X\$4			OR	X\$18 =			
IN	DEPENDENT C	minus 3 =		*		X43			OR	x8b=			
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				<u> </u>						
.,	the difference	In column 1 is	less than zero, enter "0" In column 2			column 2	+145			OR	+290=		
CLAIMS AS AMENDED - PART I						2010/1111 12	TOTA	L		OR	TOTAL		
l		(Column 1)	(Column 2) (Column 3)			SMA	LL EN	TITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RAT	Ε'n	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
Į	Total	. 31	Minus	3	1	= /.	X\$9	=		OR	X\$18=		
WE WE	Independent	. 1	Minus	***	1	-/	X43	7		OR	186=	-	
L	FIRST PRESE	NTATION OF MI	MULTIPLE DEPENDENT CLAIM				+145	_		OR	4H0:=	111	
			TO	FAL		00	TOTAL						
		(Column 1)	(Column 3)	ADDIT. F	EE L			ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA	RATE	E TIO	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
ğ	Total	*	Minus	**		-	X\$9	-		OR	X\$ 8=		
AME	Independent	<u> </u>	Minus	***		<u> -</u>	X43	-		OR	×86≠		
L-	PIRST PRESE	FIRST PRESENTATION OF MUI		INPLE DEPENDENT C			+145	_		OR	+290=		
								AL		OB	TOTAL		
		ADDIT. F	EE <b>L</b>		, ,,,	ADDIT: FEE							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=	x\$9.		- 1	OR	X\$[8=		
ME	Independent	*	Minus	***		=	XB=	T		OR	×86		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	#∂P6# JATOT		
"If the "Highest Number Prevously Paid For" IN THIS SPACE is less than 20, onler "20."  ADDIT, FEE ADDIT, FEE ADDIT, FEE													
	The "Highest Namoon Previously Paid Fra" (Total or Independent is the highest number found in the appropriate box in column 1												
FORM	FORM PTO-875 (Rev. (272) 10.9 Approximate Review Onco. 2020 - 403 (1989) 15.1 Polymorph Tradition College U.S. Olivab PMCHT OF COMMERCE												